

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 8
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Tea Party Patriots Citizens Fund		FEC IDENTIFICATION NUMBER ▼ C C00540898	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee TPPCF Staff [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2014	
Mailing Address 2295 Towne Lake Pkwy. Ste. 116-328		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	
City Woodstock	State GA	Zip Code 30189	Transaction ID : SE.255619
Purpose of Expenditure Script Writing	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 12 / 2014
Name of Federal Candidate Christopher Brian McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11976.26</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Active Engagement LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2014	
Mailing Address 44084 Riverside Parkway Ste. 350		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1560.00</div>	
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.255685
Purpose of Expenditure Copy Writing	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 13 / 2014
Name of Federal Candidate Christopher Brian McDaniel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">13536.26</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">1560.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Paul A Kilgore

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2014

Signature